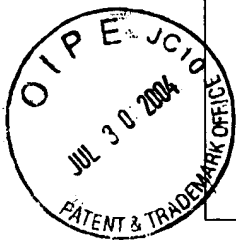


08-02-04

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1537/16  
EFW**TRANSMITTAL  
FORM**(To be used for all correspondence  
after initial filing)

Application Number	10/046,935
Filing Date	January 15, 2002
First Named Inventor	Yuqiu Jiang
Art Unit	1637
Examiner Name	Alexander H. Spiegler
Attorney Docket No.	210121.527C1

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<input type="checkbox"/> Additional Enclosure(s) (please identify below): _____ _____ _____
<input type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name	Carol D. Laherty, Ph.D.	Customer Number <b>00500</b>
Signature		
Date	July 30, 2004	

**CERTIFICATE OF TRANSMISSION/MAILING**

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